

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 12.316	2. Fiscal Year Covered From 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Michael O'Sullivan P.O. Box, Bldg., Room No., if any Street 743 Middletown Avenue City North Haven State Connecticut ZIP Code + 4 06473	4. Name, file number, and address of labor organization. Name Int'l Assoc of Heat & Frost Insul Asbe Wkrs 33 Labor Organization File Number 043-435 P.O. Box, Building and Room Number, if any Street 218 South Colony Road City Wallingford State Connecticut ZIP Code + 4 06492
5. Position in labor organization. President/Organizer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>MS O'Sullivan</u>	On <u>8-18-05</u>	Telephone Number _____
	Date	

Name of Person Filing Michael O'Sullivan	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Asbestos Workers Loc No 33 Health Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 218 South Colony Road</p> <p>City Wallingford</p> <p>State Connecticut ZIP Code + 4 06492</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Asbestos Workers Loc No 33 Health Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 218 South Colony Road</p> <p>City Wallingford</p> <p>State Connecticut ZIP Code + 4 06492</p>	<p>11.a. Nature of such dealing.</p> <p>Union Trustee - Asbestos Workers Local No. 33 Health Fund</p> <p>11.b. Approximate dollar value of such dealing. N/A</p> <p>12.a. Nature of interest held or income received.</p> <p>Expense reimbursement for conference - June 2004</p> <p>12.b. Amount. \$384</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment</p>

Name of Person Filing Michael O'Sullivan

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Asbestos Workers Loc No 33 Annuity Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 218 South Colony Road

City Wallingford

State Connecticut ZIP Code + 4 06492

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Asbestos Workers Loc No 33 Annuity Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 218 South Colony Road

City Wallingford

State Connecticut ZIP Code + 4 06492

11.a. Nature of such dealing.

Union Trustee - Asbestos Workers Local No. 33 Annuity Fund

11.b. Approximate dollar value of such dealing.

N/A

12.a. Nature of interest held or income received.

Expense reimbursement for conference - June 2004

12.b. Amount.

\$384

Name of Person Filing Michael O'Sullivan

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Asbestos Workers Loc No 33 Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 218 South Colony Road

City Wallingford

State Connecticut

ZIP Code + 4 06492

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Asbestos Workers Loc No 33 Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 218 South Colony Road

City Wallingford

State Connecticut

ZIP Code + 4 06492

11.a. Nature of such dealing.

Union Trustee - Asbestos Workers Local No. 33 Pension Fund

11.b. Approximate dollar value of such dealing.

N/A

12.a. Nature of interest held or income received.

Expense Reimbursement for conference - June 2004

12.b. Amount.

\$384

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Asbestos Workers Loc No 33 Fringe Benefit Fd Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 218 South Colony Road City Wallingford State Connecticut ZIP Code + 4 06492	9. Business deals with: a. Labor Organization <input checked="" type="checkbox"/> b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Asbestos Workers Loc No 33 Fringe Benefit Fd Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 218 South Colony Road City Wallingford State Connecticut ZIP Code + 4 06492	11.a. Nature of such dealing. Union Trustee - Asbestos Workers Local No. 33 Fringe Benefit Funds
	11.b. Approximate dollar value of such dealing. N/A
	12.a. Nature of interest held or income received. Expenses related to Board of Trustee meetings for the year 12.b. Amount. \$140

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Buckley, Frame, Boudreau & Co, P.C.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 116 Washington Avenue</p> <p>City North Haven</p> <p>State Connecticut ZIP Code + 4 06473</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust:</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employers name.</p> <p>Name Asbestos Workers Loc. No 33 Fringe Benefit F</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 218 South Colony Road</p> <p>City Wallingford</p> <p>State Connecticut ZIP Code + 4 06492</p>	<p>11.a. Nature of such dealing.</p> <p>Auditor</p> <p>** see schedule C to Form 5500</p>
	<p>11.b. Approximate dollar value of such dealing. **</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Connecticut State Building and Construction Trades Council Ninth Annual Golf Tournament October 2004</p> <p>12.b. Amount. \$175</p>